



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3990

SERIAL NUMBER 09/685,366	FILING DATE 10/10/2000 RULE	CLASS 514	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 787446-2001.1
APPLICANTS Scott E. Peters, Wooster, OH; Darryl H. Woods, Glenmont, OH;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/161,995 10/28/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/06/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING	TOTAL CLAIMS 13
INDEPENDENT CLAIMS 2				
ADDRESS 20999				
TITLE STABLE AQUEOUS DISPERSION OF NUTRIENTS				
FILING FEE RECEIVED 1008	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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Bib Data Sheet

CONFIRMATION NO. 3990

SERIAL NUMBER 09/685,366	FILING DATE 10/10/2000 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. 787446-2001.1
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APPLICANTS
 Scott E. Peters, Residence Not Provided;
 Darryl H. Woods, Residence Not Provided;

**** CONTINUING DATA *******
 THIS APPLN CLAIMS BENEFIT OF 60/161,995 10/28/1999

**** FOREIGN APPLICATIONS *******
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/06/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>PAO</i> Initials <i>PAO</i>	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
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ADDRESS
20999

TITLE
Stable aqueous dispersion of nutrients

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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